Year 2006

South Dakota Mental Health Statistics Improvement Program (MHSIP)

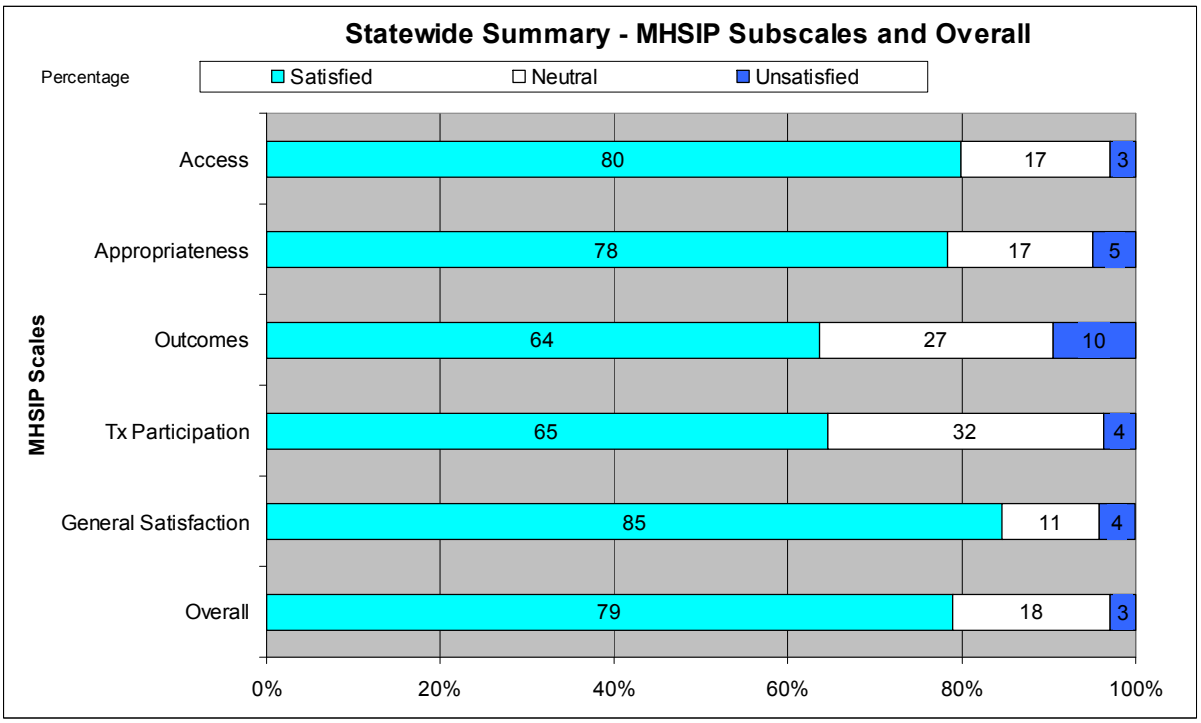
What Do Adult Consumers Say About Mental Health Services?

Summary Report

The South Dakota Mental Health has asked adult consumers to evaluate services received from local community mental health centers since 1999. Random surveys have been conducted of adult consumers who had serious mental illnesses each year.

The goal was to obtain a representative sample of adult consumers for each CMHC. The Year 2006 sample was drawn from all consumers with at least one service during the preceding four months. All adult consumers were SPMI. For Year 2006 out of 1009 surveys sent, 125 were returned as undeliverable because of a bad address, leaving 884 possible returns. Surveys were returned by 340 individuals, a return rate of 38.5%. This is an excellent response rate.

The survey instrument was based on a national instrument being implemented in most states through the MHSIP Program. Consumers were asked to agree or disagree with 28 statements related to five separate domains. These are: the ease and convenience with which they got services (Access), the quality and appropriateness of services (Appropriateness), results of services (Outcomes), ability to direct their own course of treatment (Treatment Participation), and whether they liked the service they got (General Satisfaction). Summary scores were computed for each domain, with an overall MHSIP Summary score computed from all the MHSIP items.



The preceding chart depicts the percentage of consumers whose evaluations indicate that they were satisfied, neutral, or unsatisfied. Consumers evaluated very services positively overall and in all five MHSIP domains. There were an especially high percentage of consumers satisfied in the domains of Access, Appropriateness, and General Satisfaction. Findings were statistically the same as in preceding years.

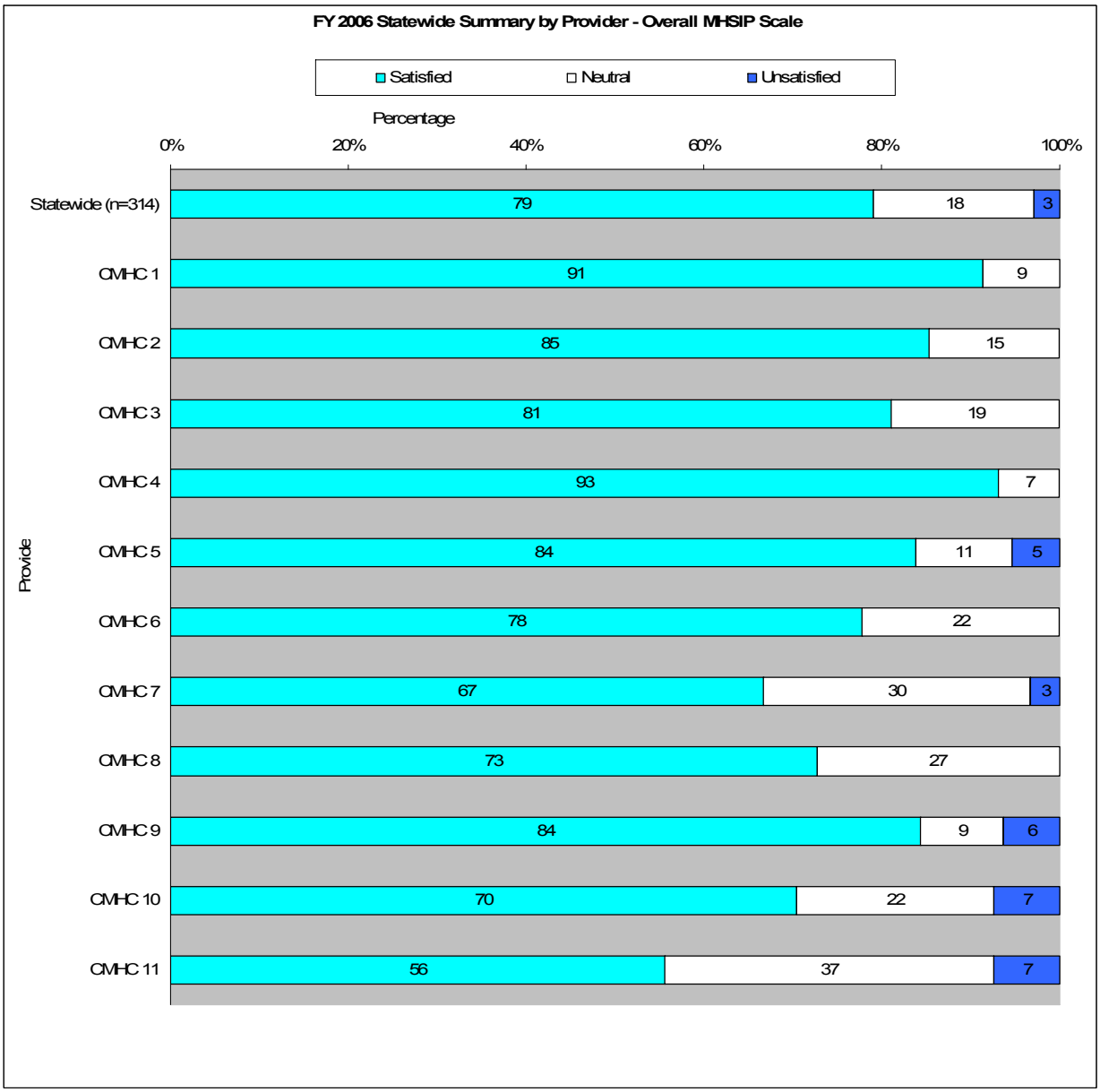
Results comparing groups who differed on demographic variables that could be interpreted as relating to cultural competence found the following. Few differences were found based on gender. There is some evidence the oldest age group was more positive about services. When comparing responses from White Non-Hispanics with Others there were statistically significant differences on three domains, Access, Outcome, and Participation in Treatment Planning and Overall such that Whites responded more positively than Others. This is the first year such differences were found; comparable differences in subsequent years would make these findings worth paying attention to.

Of those responding to the question of whether they were working for money in the community, 30% said that they were. Unlike previous years there were no differences between those who reported working compared to those who have not. What was noted though was a difference between groups in unhealthy days (two of the 4 items from the CDS's HRQOL (Health Related Quality of Life Scale). Respondents not working reported more mentally and physical unhealthy days than those working.

Consumers who reported they were no longer receiving services (7% of the current sample) compared to those who were still receiving services rated services much less positively. While at first class this seems like an obvious finding it may still be worth identifying such individuals, when possible, and attempting to find goals that both the consumer and staff can agree on.

Respondents were asked why they made the decision to start receiving services from their CMHC. Most reported that they chose to receive services (44%) or were encouraged by others (45%) while a small percentage (12%) reported that they were forced to receive services. Respondents forced to receive services reported significantly less positive scores. There were no significant differences between the other groups.

The 325 consumers who completed Year 2006 surveys were served by 11 CMHCs. There were again statistically significant differences among CMHCs for the current survey. Reliable differences were also found when data from all years of the survey are combined. There is evidence that one CMHC is rated more positively while another is rated more negatively than the other nine CMHCs. One needs to be extremely cautious interpreting this. It is important to recognize there may be client characteristics that account for such differences. There has been no 'risk adjustment' done in this report. South Dakota may want to request a more detailed analysis to determine a) whether these are 'real' differences and more important b) whether there are lessons that can be gleaned to improve mental health services for adult consumers Statewide.



The challenge continues for CMHCs to discuss findings, validate them, consider possible explanations for differences, look for ways to improve services, and finally, to implement strategies to improve services when appropriate. CMHCs are to be commended for participating in the development of these performance indicators and low scores are not to be construed as negative reflections on CMHCs. The most important observation about this project is that consumers are evaluating the services they receive and Centers are doing everything they can to listen and improve services based on this evaluation.